

MULTIPLE DEPEN CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573250

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4							
5							
6							
7							
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18							
19							
20							
21							
22							
23		1					
24	1						
25		1					
26		1					
27		1					
28	1						
29		1					
30		1					
31							
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46							
47							
48							
49							
50							
TOTAL IND.		8		8		8	
TOTAL DEP.		←		←		←	
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
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61							
62							
63							
64							
65							
66							
67							
68	1	1					
69		1					
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93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.		4		4		4	
TOTAL DEP.		60		60		60	
TOTAL CLAIMS		64		64		64	